

ADVANCE TAX REQUEST FORM

Please provide the information requested on this form in spaces below. A separate form should be completed for each account for which a tax statement is required. Completed requests should be mailed to the above address. **Attach appropriate bill of sale showing breakdown of sales price (i.e., equipment, inventory, intangibles, etc.) with related dollar values.** ***PLEASE FAX YOUR REQUEST TO 296-0107***

REQUESTOR INFORMATION			
COMPANY NAME:	TELEPHONE:	EMAIL:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

PERSONAL PROPERTY INFORMATION			
ACCOUNT NUMBER:	MAILING NAME:		
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
LOCATION NAME:	TELEPHONE:		
LOCATION ADDRESS:	CITY:	STATE:	ZIP CODE:

ADVANCE TAX REQUEST INFORMATION					
ADVANCE TAX REQUESTED AS A RESULT OF: <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Auction <input type="checkbox"/> Closing Business <input type="checkbox"/> Sale of Business (Please provide new owner information below.) <input type="checkbox"/> Other (Please provide a brief explanation): _____ _____					
NEW OWNER'S NAME			TELEPHONE:		
ADDRESS:		CITY:	STATE:	ZIP CODE:	
NEW LOCATION NAME & ADDRESS:					
CLOSING DATE:	TOTAL SALE PRICE: \$	EQUIP. SALE PRICE: \$	LEASEHOLD IMP \$	INTANGIBLES \$	OTHER \$